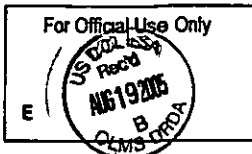


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10113</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Thomas F. Panconi</u> P O Box Bldg Room No If any Street <u>901 Massachusetts Ave NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>	4 Name file number and address of labor organization Name <u>United Association of Plumbers &amp; Pipefitters</u> Labor Organization File Number <u>000-111</u> P O Box Building and Room Number If any Street <u>901 Massachusetts Ave NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>
5 Position in labor organization <u>Admin Asst to General President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>South Jersey Mechanical Contractor Assn</u> Trade Name if any <u>SJMCA</u> P O Box Bldg Room No If any Street <u>One Greentree Centre Suite 201</u> City <u>Marlton</u> State <u>New Jersey</u> ZIP Code + 4 <u>08053</u>	7 a Nature of Interest Transaction or Income <u>I attended a golf and dinner event hosted by SJMCA and discussed with local unions and representatives of SJMCA issues affecting UA members in South Jersey</u> <u>This amount has since been repaid to SJMCA</u> 7 b Amount <u>\$150</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Thomas F. Panconi</u>	On <u>5/15/05</u> Date	<u>202 628 5823</u> Telephone Number

Name of Person Filing <b>Thomas Panconi</b>	File Number <b>U</b>
---	----------------------

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name if any <input style="width: 90%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>9 Business deals with</b></p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name if any <input style="width: 90%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>11 a Nature of such dealing</b></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><b>11 b Approximate dollar value of such dealing</b> <input style="width: 150px;" type="text"/></p> <p><b>12 a Nature of interest held or income received</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>12 b Amount</b> <input style="width: 150px;" type="text"/></p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name if any <input style="width: 90%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>14 a Nature of payment</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p><b>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14 b Amount of payment</b> <input style="width: 150px;" type="text"/></p>

Name of Person Filing Thomas Panconi

File Number U

## Part A Continuation Page

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6 Name and address of Employer (including trade name if any)

Name Cherney Contracting Corporation

Trade Name If any

P O Box Bldg Room No if any P O Box 975

Street 9855 West 78th Street Eden Paire

City Minneapolis

State Minnesota

ZIP Code + 4 55443

## 7 a Nature of Interest, Transaction or Income

I attended a pre-job conference and played golf with representatives from Cherney to discuss various issues related to the job

This amount has since been repaid to Cherney

## 7 b Amount

\$75

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6 Name and address of Employer (including trade name if any)

Name

Trade Name If any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 7 a Nature of Interest, Transaction or Income

## 7 b Amount.

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

## 6 Name and address of Employer (including trade name if any)

Name

Trade Name If any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 7 a Nature of Interest Transaction or Income

## 7 b Amount



Founded 1889

# United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada

901 Massachusetts Avenue NW Washington DC 20001 4397  
(202) 628 5823 • Fax (202) 628 5024 <http://www.ua.org>

William P Hite  
General President

Patrick R Perno  
General Secretary Treasurer

Stephen F Kelly  
Assistant General President

General Office File Reference TFP



August 8, 2005

US Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

To Whom It May Concern

Please find enclosed a signed copy of my LM-30 report for the period of January 1, 2004 through December 31, 2004

Please note that I was unaware of the current position of the Office of Labor Management Standards on what transactions are reportable on the LM-30, and therefore, did not keep contemporaneous records during 2004 of all potentially reportable transactions. Accordingly, I have attempted to recall all reportable transactions and to estimate their value. While the information reported is based on a good faith effort, I reserve the right to supplement this report should I become aware of other reportable events during the year in question.

Thank you for your consideration

Sincerely,

Administrative Assistant  
to the General President

TFP jem  
Enclosure

